

Louisiana Department of Social Services
Office of Family Support
Child Care Assistance Program

OFFICE USE ONLY

_____ New Provider
_____ Rate Change
_____ CHOW
_____ CHOL
_____ New license/other

Provider Rate Agreement

Name of Provider	Tips Provider No.	License No. If Applicable
Physical Street Address	City, State	Zip Code
Mailing Address, If Different From Above	City, State	Zip Code
Phone Number	Cell Phone Number	

☐ Class A ☐ Military Provider ☐ FCDCH Provider ☐ Provider in Child's Home ☐ School Program Provider

Rate changes should be promptly reported to Provider Directory at the address below. Please complete the following and include verification of the change (notice to parents of increase, such as newsletter, bulletin, memo, etc.)

A CCAP Rate and Availability Form will be sent for each child in your case and must be completed and returned in order for you to be paid.

Do you have a Class A license? ☐ Yes ☐ No Are you a Head Start Program? ☐ Yes ☐ No

Do you have special rates for more than one child in a family? ☐ Yes ☐ No Rate: _____

Do you serve children with disabilities ages 13 - 17? ☐ Yes ☐ No

Do you serve children under age 18 who have special care needs because of a mental, physical, or emotional disability, requires specialized facilities, lower staff ratio, or specially trained staff to meet his/her developmental and physical needs?
☐ Yes ☐ No

If yes, is the rate for this child higher, lower, or the same for other children for whom you provide care?
☐ Higher ☐ Lower ☐ Same

Do you participate in the Child and Adult Care Food Program? ☐ Yes ☐ No

Rates Charged Per Child

You must complete both sections below, even if you do not currently care for a child in each age group.

Under 3 Years of Age:

3 Years of Age and Over:

Full-Time Care \$ _____ per Day

Full-Time Care \$ _____ per Day

Complete part-time care rates only if you provide part-time care.

Part-Time Care \$ _____ per Hour

Part-Time Care \$ _____ per Hour

PROVIDER SIGNATURE AND TITLE

DATE

CAPS/TIPS REPRESENTATIVE

DATE

RETURN TO:

PROVIDER DIRECTORY
1885 Wooddale Blvd., Suite 102
Baton Rouge, LA 70806

ATTENTION: CAPS/TIPS Representative